



CITY OF MEMPHIS LIFE INSURANCE
ENROLLMENT/CHANGE FORM
(Please check all that apply)

☐ Death Benefit

☐ Final Pay

☐ New Enrollment

☐ Update Beneficiary

SOCIAL SECURITY #	LAST	FIRST EMPLOYEE NAME	MIDDLE	MO	DAY	YR	MO	DAY	YR	SEX

IT IS YOUR RESPONSIBILITY TO KEEP YOUR BENEFICIARIES CURRENT.

▲ Non-Contributory Death Benefit of \$10,000 is provided to all active City of Memphis regular, full-time employees. This benefit ceases upon retirement or termination.

*If a beneficiary is a minor, or if the benefit is payable to the estate it is required that a guardian or a legal representative be appointed prior to payment of the benefit.

▲ Final Pay Any and all accumulated benefits at the time of death pursuant to City and divisional policies is applicable.

Death Benefit Primary:

NAME, ADDRESS, TELEPHONE NUMBER OF BENEFICIARY(IES)	PERCENT	DATE OF BIRTH	SOCIAL SECURITY #	RELATIONSHIP TO EMPLOYEE (Spouse, parent, etc)
		/ /	- -	
		/ /	- -	
		/ /	- -	
		/ /	- -	
		/ /	- -	

Final Pay Primary:

NAME, ADDRESS, TELEPHONE NUMBER OF BENEFICIARY(IES)	PERCENT	DATE OF BIRTH	SOCIAL SECURITY #	RELATIONSHIP TO EMPLOYEE (Spouse, parent, etc.)
		/ /	- -	
		/ /	- -	
		/ /	- -	
		/ /	- -	
		/ /	- -	

Note: If you wish to designate contingent beneficiaries, please attach a separate sheet of paper. A Contingent Beneficiary will receive benefits only if the Primary Beneficiary does not survive you.

I understand that the above named Beneficiar(ies) are for the City of Memphis Death Benefit and/or Final Pay upon death.

SIGNATURE

DATE

TIME

NOTARIZED SIGNATURE OR BENEFITS REPRESENTATIVE

DATE